

CONSUMER SATISFACTION SURVEY

QUESTIONS		RESPONSE	
		Please circle your response:	
1.	Were you satisfied with knowing where to file a complaint and whom to contact?	Satisfied 5 4 3	Dissatisfied 2 1
2.	When you initially contacted the Board, were you satisfied with the way you were treated and how your complaint was handled?	Satisfied 5 4 3	Dissatisfied 2 1
3.	Were you satisfied with the information and advice you received on the handling of your complaint and any future action the Board would take?	Satisfied 5 4 3	Dissatisfied 2 1
4.	Were you satisfied with the way the Board kept you informed about the status of your complaint?	Satisfied 5 4 3	Dissatisfied 2 1
5.	Were you satisfied with the time it took to process your complaint and to investigate, settle, or prosecute your case?	Satisfied 5 4 3	Dissatisfied 2 1
6.	Were you satisfied with the final outcome of your case?	Satisfied 5 4 3	Dissatisfied 2 1
7.	Were you satisfied with the overall service provided by the Board?	Satisfied 5 4 3	Dissatisfied 2 1
Complaint number: <u>CH</u>			

Additional Comments or Suggestions: _____

Please return your completed form to: Board of Chiropractic Examiners; 2525 Natomas Park Dr., Ste. 260, Sacramento, CA 95833; or fax it to (916) 263-5369.

For additional information visit our website at: <http://www.chiro.ca.gov>

THANK YOU FOR YOUR RESPONSE

(Rev. 7/01)